

Kisimul Group Limited

Breagha House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Breagha House on 8 August 2017. The inspection was unannounced. Breagha House is a large, modern detached property in the village of Hayton, near Retford in Nottinghamshire. It is owned by Kisimul Group Limited. It is registered to provide care for up to ten younger adults with a learning disability. On the day of our inspection ten people were using the service.

The service had a registered manager in place at the time of our inspection. The registered manager registered with the Care Quality Commission on 6 June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 14 and 20 February 2017 we identified significant failings and multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to safe care and treatment, safeguarding people from abuse and improper treatment, staffing, dignity and respect, person-centred care, good governance and not notifying the Care Quality Commission for incidents the provider was legally obliged to do. The provider sent us an action plan to tell us what action they would take to meet these breaches in regulation.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Staff had received safeguarding refresher training and additional training to support them to manage safeguarding incidents more effectively. New processes and systems had been introduced as additional measures to monitor safety.

Risks associated to people's individual needs including the environment, had been reassessed and care records updated to provide staff with the required information to protect people's safety. These were regularly reviewed and amended to reflect people's needs. Action had been taken to improve some aspects of the environment to ensure people's safety.

Significant improvements had been made to the staffing levels; these were appropriate and supported people's needs. Consideration had been given to the staff skill mix, ensuring a balance of skills, competencies and experience. New staff had completed all required recruitment checks before they commenced their employment.

Medicines were managed, stored and administered safely. Staff had the required information and had

completed appropriate training. Monitoring checks were in place that assured the provider people received their prescribed medicines safely.

Improvements had been made to staff training and ongoing support. Staff received regular opportunities to refresh their skills and knowledge and to review their training and development needs.

Staff understood how to apply the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Mental capacity assessments and best interest decisions had been reviewed to ensure least restrictive options had been considered and applied. Staff had received specific training around managing behaviours that could be challenging. This had a positive impact on people and incident of physical intervention had significantly reduced.

People's nutritional and health needs had been reviewed and staff had the required information to support people with these needs. Staff had worked with external healthcare professionals and had supported people to attend health appointments as required. People's health needs were monitored and recorded. People were involved with the menu choices and had access to drinks and snacks.

The approach of staff was caring, kind and sensitive. Staff respected people's privacy and dignity and used good communication skills, people were relaxed within the company of staff. People who experienced periods of anxiety were supported appropriately, staff were calm and responsive.

Opportunities for people to be involved in their care and support had improved. Weekly meetings had been introduced to support people in menu planning. Staff engaged positively with people, constantly offering them choices and respecting and acting upon these. Independence was positively promoted at every opportunity. Independent advocacy information was available if this support was required.

Opportunities for more meaningful activities and opportunities had improved and were being further developed. People had individual activity planners that gave a structure of how they spent their time, but this was flexible and dependent on people's needs and choices on the day.

Information to support staff to understand people's needs, routines, interests and hobbies had improved. New documents had been introduced to record and celebrate people's achievements, and action was taking place to support people to develop person centred plans that identified their goals and aspirations. Information about the provider's complaint process was available and presented appropriately to meet people's communication needs.

Relatives had been invited to give feedback about the service, and there was increased communication with relatives who were positive about the improvements that had been made at the service.

Significant improvements had been made to the governance of the service. Audit systems and processes responsible for monitoring quality and safety had been reviewed and more robust procedures had been implemented. There was greater oversight of the service by the provider's representatives and increased scrutiny and accountability of senior managers. The provider was meeting their regulatory requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had received refresher safeguarding training and additional training to better understand and manage safeguarding incidents effectively.

Risks associated to people's needs had been reassessed and staff had the required information to protect people.

Staffing levels were appropriate and new staff completed detailed recruitment checks before they started work.

People received their prescribed medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that received an appropriate induction and ongoing training and support.

People's rights were protected by the use of the Mental Capacity Act 2005.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People received support with any associated healthcare need and staff had the required information to support them. Staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring, and knowledgeable about people's individual needs.

People were supported to access to information about independent advocates of this support was required.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Activities and opportunities that reflected people's interests and hobbies had increased. Action was being taken to support people with identifying their hopes, dreams and aspirations.

Opportunities for people to be involved in their support had improved.

Information about how to make a complaint was available in an appropriate format.

Is the service well-led?

Good ●

The service was well-led.

Improvements had been made to the service and previous breaches in regulation had been met. A new registered manager and deputy manager had been appointed.

Significant changes had been made to improve the governance of the service; there was an increase in accountability and scrutiny. The provider's representative's had better oversight of the service.

Breagha House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 August 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor who specialised in learning disabilities and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also reviewed the provider's action plan and contacted the commissioners of the service and external health and social care professionals to obtain their views about the service provided.

On the day of the inspection visit we spoke with, and spent time with eight people who used the service. Some of the people who used the service had communication needs which meant we received limited feedback. We also used observation to help us understand people's experience about the care and support they received. During the inspection visit we contacted five relatives for their feedback about the service provided to their family member. After the inspection we spoke with one more relative.

During the inspection we spoke with the registered manager, regional manager, chief executive, positive behavioural support lead, a compliance officer, two senior support worker, four support workers and the house keeper. We looked at all or parts of the care records of six people along with other records relevant to the running of the service. These included policies and procedures, 10 staff files, records of staff training, the management of medicines and records of quality assurance processes.

Is the service safe?

Our findings

During our previous inspection on 4 and 20 February 2017 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how people were protected from abuse. Not all staff had received safeguarding training as part of their induction. Appropriate action was not taken in response to safeguarding issues.

At this inspection we found significant improvements had been made and this breach in regulation had been met.

Relatives told us they felt any safeguarding incidents were managed effectively. One relative said, "There has been one safeguarding and the home brought it up and put plans in place." Another relative said they were confident their family member felt safe living at Breagha House because they returned from family visits back to the service happy and relaxed.

Feedback from external professionals stated they had found improvements in how safeguarding incidents had been reported and responded to.

Staff were positive about how safeguarding incidents were managed. One staff member said, "We've all received refresher safeguarding training, the access to and support received, from managers has greatly improved. The manager regularly checks our knowledge and understanding about safeguarding; they test us to make sure we know what we have to do." Since our last inspection the management team had introduced daily site support checks. These records confirmed the manager completed these; they included discussions with staff about a range of topics including checking their understanding of safeguarding as described to us.

From our observations of how staff supported people during our inspection visit, we found they were calm and responsive in their manner. Some people's anxiety fluctuated which they displayed through their behaviour. Staff were professional and used good diversional techniques to defuse situations quickly and effectively having a positive outcome for the person and others.

We were aware the provider had completed some safeguarding investigations following our last inspection as requested by outside agencies, who themselves, were still completing other investigations. Following our last inspection safeguarding incidents had been reported to CQC and outside agencies as required. We found appropriate action had been taken in response to safeguarding incidents. Training records confirmed staff had received refresher safeguarding training since our last inspection and new staff employed had also received this training. Since our last inspection visit the provider had reviewed and updated their safeguarding policy and procedure to ensure it was robust in appropriately protecting people from abuse.

During our previous inspection on 14 and 20 February 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how risks were assessed, planned for and managed.

At this inspection we found improvements had been made and this breach in regulation had been met.

Relatives were confident action had been taken to improve how risks were managed safely. One relative said, "There is nothing negative, there were a few issues about the bedroom, we wanted to make sure there was nothing where our relative could harm themselves. Over the last few months the bedroom and the bathroom have been sorted." At our last inspection we were concerned this person's needs in relation to health and safety issues had not been addressed. At this inspection we found the required improvements with regard to safety in the person's bedroom had been completed. The environment was clean, safe and pleasant for the person.

Staff said that since our last inspection people's care records had been reviewed and updated and relatives had received an opportunity to review their family member's records. One staff member said, "Care records are more informative and structured and provide the information we need." Relatives confirmed they had received an opportunity to review and contribute to care plans and risk assessments.

We observed staff were well organised and communicated effectively with each other to ensure people's safety. Due to people's high level of need they required close monitoring at all times for their own safety. Staff were clear who they were supporting at any given time.

We confirmed from the sample of care records we looked at that since our last inspection people's risk assessments had been reviewed and updated. Action had been taken where required to ensure any known risks were met safely and staff had the required information to effectively manage risks. For example, some people had healthcare needs that put them at increased risk of harm. Care records confirmed external health care professionals had been involved in a review of these needs and recommendations made, had been acted upon. Staff had the required information to support people safely.

Improvements had been made to the system and processes used to record and monitor incidents. Records confirmed since our last inspection incidents of a safeguarding nature had greatly reduced. This was due to an increased awareness of staff using positive behavioural support to better manage incidents. Post-incident debriefing records showed action was taken by staff and the management team, to consider if the incident could have been avoided and if the response by staff was appropriate. At the time of our inspection a new monthly evaluation record of each person's incident records had been introduced. This was to enable staff and the management team to have a clear understanding and oversight of each person's behavioural needs.

During our previous inspection on 14 and 20 February 2017 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the staffing levels provided and the staff skill mix.

At this inspection we found improvements had been made and this breach in regulation had been met.

Relatives did not raise any concerns about the staffing levels; some felt there was a noticeable improvement in the atmosphere of it being calmer which had had a positive impact on their family member. One relative said, "I feel a lot more relaxed with staff, I was uneasy before, they are on hand if there are any problems, they listen and address issues, with the old staff I didn't know who to turn to." Another relative said, "It's a really nice place now, there are two team leaders, more positive, people used to look drained but the staff seem to be engaging in the job."

Staff were very positive about improvements that had been made to staffing. One staff member said,

"Staffing is massively improved, we have the right amount of staff available, we now have a senior on each shift and a new deputy has been appointed. All the managers are really supportive, and very approachable, they make sure we're okay, the staff morale is great, so much better."

Since our last inspection new staff had been appointed and records confirmed they had completed safe recruitment checks before they commenced their work. New senior staff, a new registered manager and new deputy manager were in place and they were supported by senior managers who were onsite daily. A number of experienced staff said they were shocked by the previous decline in the service and had worked hard to improve the situation for people. They felt that the recent improvements had brought the service to the standard they expected of the provider's other services.

Since our last inspection the provider sent us weekly information confirming the staffing levels for the following week, we reviewed this information and found it correctly reflected people's needs. On the day of our inspection visit there were sufficient staff available to meet people's needs and consideration of staff skill mix had been taken into account. A senior support worker led a team of support workers and was supported by a management team.

At our last inspection concerns were identified with the cleanliness of the service. At this inspection we found improvements had been made. We did a tour of the service and found it to be clean with no odours. A housekeeper had been appointed and was present on the inspection visit. They told us they commenced their role in June 2017 and worked 25 hours a week, they said they received the required support and had the resources required for their duties. They showed us their cleaning schedule's that confirmed daily and deep cleaning was being completed. Staff told us the appointment of a housekeeper had been a great improvement and enabled them to spend their time effectively providing direct care and support.

At our last inspection some concerns were identified with the management regarding the recording and auditing of medicines. At this inspection we found improvements had been made. Relatives did not raise any concerns about medicines on behalf of their family members. An audit of medicines had been completed by the pharmacy supplier in June 2017 and had also been checked in July by the provider's compliance team where some minor action was identified. In addition daily, weekly and monthly checks were completed by the staff and management team.

We found medicine administration records had been completed confirming people had received their prescribed medicines safely. Staff had detailed information to support them to administer people's medicines appropriately. Medicines were being stored correctly following good practice guidance and a sample stock check was found to be correct.

Is the service effective?

Our findings

During our previous inspection on 14 and 20 February 2017 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk of receiving inconsistent support in relation to physical interventions as care plans did not provide staff with sufficient and specific proactive and preventative behavioural approaches.

At this inspection we found improvements had been made and this breach in regulation had been met.

A relative told us they felt their family member's behaviour was better understood and managed more effectively. They said, "Staff are able to manage [name of family member]'s behaviour safely, they've been able to go on trips, they been to the seaside." Another relative said, "I've noticed that my relative is a lot calmer, before they used to attack me when I visited, I could tell there was something wrong. [Name of family member] was down; they are a lot more settled now."

Feedback from an external professional was positive about the improvements that had been made with how people's behaviour was now managed. They said, "One person is stable with evidence of reduced physical intervention." This professional also told us that due to staff using positive behavioural support and people's behaviours being better understood, this had led to positive outcomes such a reduction in the level of support required and some prescribed medicines being reduced.

Staff told us since the last inspection they had received training in positive behavioural support (PBS) and this had been very helpful and informative, developing their understanding and confidence. One staff member said, "Staff are more aware of being pro-active in reducing people's anxiety, we try to find what the triggers are and use diversional techniques instead of physical intervention." Another staff member said, "The use of restraint has dropped dramatically, we've learnt we don't need to do this unless only as a very last resort."

Some staff told us they were initially sceptical around the reduction in physical intervention. With additional training and reassurance by the management team, staff said they had developed in confidence and had seen the positive outcome and benefits for people not having physical intervention used.

During our inspection visit we observed a couple of occasions when people became anxious showing this through their behaviour. For example, one person was shouting and angry, banging furniture and doors. They were supported by two staff and all staff in the area remained quiet and calm and carried on with what they were doing. This was the case with the second incident.

The physical intervention policy had been reviewed with an emphasis that the use of any physical intervention must be seen as a last resort. Further training in PBS also reinforced the message that, 'physical intervention should only be used as a last, last resort.'

We found there was an improved culture of safety and the reduction of physical intervention was evident

through robust incident reporting. Records of post-incident debriefing were used effectively. For example, we saw a record that showed the registered manager had reviewed an incident that they had assessed could have been managed differently. This had been discussed with staff who received additional training and the person's care records were reviewed and amended. A staff member confirmed this to be correct. They said, "During the debrief we discussed what we could have done differently, including least restrictive options, the result was the person's behaviour plan and risk assessment were changed."

During our previous inspection on 14 and 20 February 2017 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staff training, knowledge and competence.

Some relatives reported they felt the new staff appointed to the service had made a positive difference. They said their family member was more relaxed and settled and the atmosphere of the service was calmer and better organised. One relative said about staff, "I think they are well trained and can do the job."

Staff were significantly more positive about working at the service. One staff member said, "Training is ongoing which is good and access to the management team has improved, we see them every day. We can approach them any time to discuss anything, formal supervision is also so much better, these improvements have really helped the staff morale, it's really good now." Another staff member said experienced staff had brought a fresher outlook, "Changing the mentality and modelling best practice." They felt there could be more done on staff development now things had settled down, "to take things on a bit more." This was said in relation to the continued development and improvement of the service.

New staff told us they had received an induction that was well organised, structured and supportive. Staff told us they received ongoing training and regular meetings and informal opportunities to discuss their work and development needs. Records confirmed staff had received training in areas the provider had identified as required and supervision meetings were happening frequently.

We observed staff engaged well with people and in discussion demonstrated they understood people's needs. Staff worked effectively together using good communication and organisational skills, showing they were clear about their role and responsibilities. This created a calm environment where people looked relaxed within the company of staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection we found where people lacked mental capacity to consent to specific decisions MCA assessments and best interest decisions had been reviewed to ensure the decision remained appropriate. Relatives confirmed they had received opportunities to be involved in these discussions and decisions. Records demonstrated consideration to least restrictive options had been considered. Staff were clear about the action required to protect people's human rights and understood how to apply the MCA principles.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles

of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications for DoLS where appropriate and some people had authorisations in place, whilst others were waiting for approval of their renewal applications. Information relating to DoLS was clearly recorded in the person's care records to inform staff of the restrictions in place and staff were found to be knowledgeable about these.

At our last inspection we identified some concerns about how people's nutritional needs had been assessed and met.

At this inspection we found improvements had been made. People's nutritional needs had been reassessed and supported plans and risk assessments updated to inform staff of the action required to support these needs. Records confirmed people's weight was now being routinely monitored and where concerns had been identified these had been discussed with the GP.

Staff told us they were more aware of people's nutritional needs. One staff member said, "We are monitoring people's weight better and healthy eating options on the menu has improved. We're more aware and involve people in menu choices at weekly meetings."

The noticeboard in the dining room contained a menu and a meeting record dated August 2017 with people who use the service, these documents were supported by pictures and showed that the meeting had taken place and who attended. Information confirmed people's choice of meals had been respected as these were reflected in the menu. A member of staff told us that people could choose an alternative. The staff member said, "They can look in the cupboards and choose." We noted in the kitchen there were symbols on cupboard doors to let people know what was inside. Information was available for staff of any person's nutritional needs.

We found food stocks were plentiful and stored appropriately. People were supported throughout our inspection day to choose from a large selection of snacks including fresh fruit. People were regularly offered drinks and helped to make them.

At our last inspection we found concerns about how people's health needs had been assessed and planned for. Staff had not always been provided with the information they required to support people effectively.

At this inspection we found improvements had been made. Records confirmed people had attended appointments with the GP where required, to have some of their health needs reviewed or reassessed. Referrals had also been made to external healthcare professionals for particular guidance and support. An example of this was a person who had been referred to an occupational therapist for an assessment of their sensory needs. Improvements had been made to the information provided to support staff's knowledge and understanding. We saw examples of information fact sheets in people's care records that related to particular healthcare needs. This meant staff had the required information to support people effectively.

Relatives were confident their family member's needs were met. One relative said, "We are always involved about physical health, they've been to the dentist a few times recently due to problems they have."

Is the service caring?

Our findings

During our previous inspection on 14 and 20 February 2017 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive care that was dignified and respectful.

At this inspection we found improvements had been made and this breach in regulation had been met.

A person who used the service told us, "I like it here, they [staff] are all nice." Relatives were positive about the staff and their approach saying this had improved. One relative said, "It's a lovely place for my relative to be in. I visit twice a week, the atmosphere is nice and the staff are relaxed." Another relative said, "Yes, I think staff are caring and I think my relative is as independent as they can be." When we asked relatives if staff were kind and caring the response was, "Definitely." Another relative added, "They [staff] are ever so good with them, they know what to do with them."

An external healthcare professional felt a person was better supported saying, "Family contact is positive and they are experiencing more visits."

The management and staff articulated a positive view of the people they support. Staff all showed a real interest in people's welfare. One staff member said, "Things have changed, everyone seems to care, it was lacking but now it's back." Staff demonstrated they were aware of people's needs, preferences, routines and what was important to them. The staff team presented with positivity and good morale.

We observed good staff engagement with people that demonstrated they were treated with dignity and respect at all times. Senior managers were present on the day of our inspection and spent time with people. We observed one person who used the service talking to a senior manager, there was a good rapport between them, this was demonstrated by the person looking relaxed and comfortable and laughter was shared.

People's needs were responded to well by staff. We could hear someone shouting loudly and angrily upstairs, and heard a staff member respond in a very calm and quiet manner. This person was seen to be relaxed and calm when they came downstairs.

Staff demonstrated they understood people's individual needs and preferences. People had a range of diverse needs and staff showed a good understanding of what these were and what was important to people. An example of supporting a person with their cultural needs included; staff planned a themed night to celebrate their background and heritage. People's care records were detailed and informative; this ensured staff had the required information to provide an individualised service. This included information about their family, interests and preferred daily routines. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

People used different methods of communication to express their needs. This included verbal

communication, gestures and body language, using pictures and signs. Staff and the environment, supported people's preferred communication methods. Staff were observed to engage with people positively, including them with discussions and decisions. This included offering choices and acting upon these. Examples of these were, activities people participated in, and a choice of drinks and meals and snacks.

We observed how a person talked repeatedly about things that were of interest to them, staff continued to show an interest each time the person talked about things, even though the conversation had been repeated several times. From these conversations it was apparent that staff had taken the person to these places of interest quite recently.

We saw another person was looking at their, 'About you book' with a member of staff. Both were talking together about the things in the book. This book was a record about the person and what was important to them and activities they had participated in. Both the person and staff member were relaxed in each other's company.

Throughout our inspection visit we saw how people were supported to develop their independence. We observed a person who had cooked breakfast was supported to take their own plate to the bin and scrape the plate. Staff said quietly and politely, "We'll go and get a shave now." The person was seen to go happily with the staff member and returned later clean shaven.

We observed how people were supported to assist in the kitchen. For example, we observed three people were in the kitchen with staff. One person was helping to make drinks, and staff asked another person politely what they wanted for their breakfast, on answering "eggs" the staff member said, "Do you want to help get them ready?" We then observed the two of them prepare and cook breakfast together.

Relatives told us staff supported their family member to maintain contact with them. One relative said, "[Name of family member] comes home every Wednesday afternoon, they [staff] bring, drop-off and pick up later, they tell me how they've been."

Information about independent advocacy services was available to people should they have required this support. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection visit no person had an independent advocate and had the support of their family to advocate on their behalf.

Is the service responsive?

Our findings

During our previous inspection on 14 and 20 February 2017 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive care and support that met their individual needs, wishes and aspirations. Opportunities to participate in meaningful activities were limited.

At this inspection we found improvements had been made and this breach in regulation had been met.

The majority of relatives told us improvements had been made with their family member now receiving more meaningful activities. One relative said, "My relative is participating in activities, they went to the Laurel and Hardy Museum, they [staff] found that there was a museum and took them." This relative added that this was a particular interest and hobby they had. Another relative said, "Yesterday staff were taking my relative to buy a poster for the wall because they had a poster that had begun bothering them. Staff took them to replace it." A third relative spoke positively about their family member accessing the provider's post 19 education service. They said, "My relative is going to the provider's education centre from September." A fourth relative added, "They [staff] find them [family member] something to do every day, swimming, bowling, visiting the airport, train museum."

A person who used the service told us about some activities they had recently been supported to do and this reflected what their relative and staff told us. A relative told us of the activities their family member enjoyed, and one of these activities was baking which we saw them doing on the morning of our inspection visit.

One relative was positive about how staff were supporting them, and preparing their family member to attend a family holiday. This relative said, "Staff are working with us, they are getting their things ready. It's being sorted by [two staff named]; but they're going on their own with us and the deputy said if anything happens give them a ring and they'll either come to (holiday location) and sort things out or bring (name of family member) home."

An external healthcare professional told us following our last inspection; they had been involved along with a person's relative and management team to discuss and plan improvements that was required to the person's bedroom. They told us, "We went through the options to improve the room; to facilitate this [name of person] was taken to Centre Parcs to enable the work to be completed. On my last visit the room was clean and odour free with everything made as anti-damage proof as possible." They added, "[Name of person] is going out and about more and the positive behavioural plan has modified the interactions at night."

Staff told us that social activities and occupation had greatly improved for people, and were positive this would further improve and develop. One staff member said, "People are supported much better, they're involved in more activities. The staff shift planner has changed which means we work a longer shift so we can support people on activities better, we don't have to cut a trip short to get back." Another staff member said, "People are going out much more and doing more meaningful things, we're supporting people to visit

their families again."

Staff showed us new activity planners that had been developed with people that reflected their interests and hobbies. These were on display and each person had their own. Some people required this information breaking down into shorter times and this information was provided in their rooms. This helped people to anticipate events and activities in a more structured way supporting their anxiety needs.

The environment had been improved since our last inspection with the development of an activities room. This room was found to be well decorated and contained a computer which we observed a person to use independently with a staff member sitting nearby. There were also several leather sofas for people to relax on.

Since our last inspection improvements had been made to support staff to provide people with a responsive service that was based upon their needs, routines and what was important to them. For example, a one page document referred to 'A little bit about me and how you support me' had been developed. This provided staff with an easy to read guide and gave quick access to essential information about a person. This was particularly helpful to new staff that were unfamiliar with people's need. We used this information to support us to engage with people and found it detailed and informative.

An achievement file had also been developed and was showing good progress, this recorded people's activities they had participated in and with the use of photographs was a good tool to use to engage with people. A person we spoke with was able to describe activities and trips that they had undertaken and they appeared very confident in talking to staff, and talked about other staff members. The person showed us their achievement file, they had written in this themselves and was proud to tell us the things they had been doing.

Recently, person centred plans had been introduced that identified a person's future goals and aspirations. For each goal that had been identified action points were recorded of how, when and who were involved to support the person. The registered manager said this was in the early stages. We concluded that whilst it was too early to show outcomes for people, it had the good foundation of being a success and a good way of supporting people's progress.

Our observations throughout our inspection visit found staff to be positive and responsive to the needs of people. For example, we observed a person with a staff member in the dining room talking together, the atmosphere was calm and the conversation was positive. The person appeared to be engaged, and they were talking about going to the dentist and how the person had chosen a staff member to go with them. In the morning of our inspection visit some people were supported on activities in the community. In the afternoon an external person visited who played a guitar and sang.

We saw there was the provider's complaint information available and presented in an appropriate format to support people's communication needs. Relatives were positive they could make a complaint or raise a concern and felt positive it would be responded to appropriately. One relative said, "In the past to raise issues was seen as negative but now we get listened to and it gets sorted." Another relative said, "If I had a complaint I'd talk to the manager they are excellent or deputy, I know the senior managers and they are visible and I could go to them but I've not had to." A third relative said of the registered manager, "The manager has phoned and was very reassuring."

Since our last inspection no complaints had been received.

Is the service well-led?

Our findings

During our previous inspection on 14 and 20 February 2017 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the governance of the service.

At this inspection we found improvements had been made and this breach in regulation had been met.

Relatives were positive about the improvements that had been made and felt confident that they would be maintained and developed. One relative said, "There has been a change in the management system the manager and the deputy have turned it around. The communication is better, the manager is always available and they respond right away." Another relative said, "There have been massive improvements, everything really, the manager is in place and is really good, the key worker is effective doing the role and they weren't before." A third relative added, "Generally morale seems to be better, people are happier and busier, there is a bigger presence of staff and managers."

Feedback from an external healthcare professional was positive. They said, "The new manager appears to be open and works with me to ensure appropriate referrals are made." The local authority visited in May 2017 to complete an audit, and to assess how well the improvements were being made. They reported the service was developing well and this inspection identified continued growth and development had been achieved.

Staff were very positive about all the improvements with one staff member saying, "Everything has changed for the best. It's a much better place to work, the culture has improved, there is management presence all the time and they are open, transparent and very supportive." Another staff member said, "Absolutely everyone has worked so hard to turn the service around."

We spoke with the chief executive of the service and they told us of the action taken at senior level to the concerns identified at our last inspection. They informed us of the reporting procedures within the organisation and of new meetings and systems introduced that enabled senior managers to have greater oversight of the service. They said that senior managers were held more to account and there was stricter scrutiny. The chief executive told us that lessons had been learned from the inadequacies found at our last inspection, they were confident new and improved systems and processes were having a positive impact and these had been used in other services within the organisation as a good measure to continually drive forward improvements.

Since our last inspection visit the provider had made significant changes to the systems and process in place to ensure these were more robust and the oversight and accountability of senior managers had improved. The provider had appointed three additional compliance officers who completed weekly audit visits to check on all aspects of quality and safety. Following these audits any areas of improvement were risk rated and an action plan produced with timescales of action required by whom.

We spoke with a compliance officer and they confirmed weekly visits were completed and told us the areas that were reviewed and the action taken to improve the service. The compliance officer was confident new improved systems and practices had become routine, and were fully embedded and improvements were being sustained. We reviewed a selection of these weekly audits completed by the compliance team completed between March and August 2017. These records demonstrated that the service had made improvements and on reviewing the detail, records confirmed improvements had been made across all areas.

In addition the managers completed a daily site support check that looked at quality and safety, including consideration of the environment, observations of staff engagement and a selection of record checks. We looked at a selection of these and found they had been completed in full and gave the management team a good overview of the service on a day to day basis.

Staff told us they had regular staff meetings and they felt better supported, were given clear direction and felt valued and involved in the development of the service. We saw a selection of meeting records that included management and staff meetings. These demonstrated all aspects of the service were discussed and any improvements required had clear actions and timescales to enable the management team to track outcomes.

Included in the new systems and processes was a 'red-flag' system, where staff could make issues to senior management and were assured they would receive a response. Staff confirmed this was supportive and used positively and enabled quick action to be taken if concerns were identified. A daily shift plan demonstrated how staff were given responsibilities and how information was exchanged. These records were reviewed and discussed with staff at the end of each shift as an additional opportunity to review how the shift had gone, and to discuss any issues or concerns.

Staffing levels had been increased and developed with the appointment of a new registered manager, deputy manager and senior support staff.

During our previous inspection on 14 and 20 February 2017 we identified a breach of Regulation 18 Registration Regulations 2009 Notifications of other incidents Statutory notifications had not been sent to the CQC when required.

At this inspection we found improvements had been made and this breach in regulation had been met.

Our records showed we had been notified of events in the service the provider was required to notify us about.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager told us they felt well supported by the senior management team. The provider had ensured that the service's previous inspection ratings were displayed as required

Relatives told us they had been asked to complete a survey recently to share their views about the service. The registered manager showed us the surveys that were sent to relatives in May 2017 inviting people to share their views about the service. Two responses were received that were positive with no required actions.